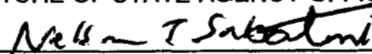



| | | | |
|---|--|--|-----------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | | 1. TRANSMITTAL NUMBER: <u>0 3 — 1 1</u> | 2. STATE: Maryland |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE January 1, 2003 | |
| 5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: See Attached | | 7. FEDERAL BUDGET IMPACT: a. FFY <u>2003</u> \$ <u>0</u> b. FFY <u>2004</u> \$ <u>0</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 2.6-A Appendix I (new) Supplement 6 to Attachment 2.6-A Page 1 | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 6 to Attachment 2.6-A Page 1 (SPA02-11) | |
| 10. SUBJECT OF AMENDMENT: This amendment is necessary in order to reflect the new TCA and PAA income standards that took effect January 1, 2003. | | | |
| 11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 West Preston Street, Suite 124 Baltimore, Maryland 21201 | |
| 13. TYPED NAME: Nelson J. Sabatini | | | |
| 14. TITLE: Secretary | | | |
| 15. DATE SUBMITTED: March 28, 2003 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: March 31, 2003 | | 18. DATE APPROVED: MAY 14 2003 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2003 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Mary T. McSorley | | 22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health | |
| 23. REMARKS: | | | |

STATE PLAN UNDER TITLE XXIX OF THE SOCIAL SECURITY ACT

State: Maryland

A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY
Effective January 1, 2003

| Number of Persons in Assistance Unit | TANF Allowable Amount | Standard of Need (50% Poverty Level effective 4/1/02) |
|---|--------------------------|---|
| 1 | 211 | 369 |
| 2 | 373 | 498 |
| 3 | 473 | 626 |
| 4 | 572 | 754 |
| 5 | 662 | 883 |
| 6 | 728 | 1,011 |
| 7 | 819 | 1,139 |
| 8 | 901 | 1,268 |
| 9 | 973 | 1,396 |
| 10 | 1,048 | 1,524 |
| 11 | 1,126 | 1,653 |
| 12 | 1,201 | 1,781 |
| 13 | 1,276 | 1,909 |
| 14 | 1,349 | 2,038 |
| 15 | 1,427 | 2,166 |
| 16 | 1,519 | 2,294 |
| Each Additional Person over 16 Persons | Add \$79 | Add \$128 |

TN No. 03-11

Supersedes Approval Date: MAY 14 2003 Effective Date: January 1, 2003

TN No. 02-11

Standards for Optional State Supplementary Payments

| Payment Category (Reasonable Classification) | Administered by | Income Level | | Income Disregards Employed |
|---|-----------------|---|-------------------------|--|
| | | Gross | Net | |
| | Federal | 1 Person | Couple | 1 Person Couple |
| (1) | (2) | (3) | (4) | (5) |
| Maximum amount for each aged, blind, or disabled individual in: Assisted Living | | Maximum amount per individual | | |
| | | \$736 State | \$654* | \$85 plus 1/2 of the remaining monthly earned income |
| CARE Homes (Project Home) | | \$618- \$1,218 State | \$536- \$1,136* | \$85 plus 1/2 of the remaining monthly earned income |
| DHMH Rehabilitative Residence | | Maximum 300% of SSI benefit level | Gross Minus \$82* | 300% of SSI FBL |

* \$82 personal needs allowance for all categories

TN# 03-11

Supersedes

TN# 02-11

Approval Date **MAY 14 2003**

Effective Date January 1, 2003